2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000048507

Entity Name: B.I.B. CONSULTANTS, INC.

FILED Mar 08, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
7041 GRAND NAT'L DR 228				7901 KINGSPOINTE PKWY 19		
ORLANDO	, FL 32819	US			, FL 32819	US
Current Mailing Address:				New Mailing Address:		
7041 GRAND NAT'L DR				7901 KINGSPOINTE PKWY		
228 ORLANDO	, FL 32819	US		19 ORLANDO	, FL 32819	US
FEI Number:	65-0672356	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
GUILLAN, DANIEL R 7041 GRAND NATIONAL AVE STE 228				DE LA CRUZ, ANGELES 7901 KINGSPOINTE PKWY 19		
ORLANDO, FL 32819 US				ORLANDO, FL 32819 US		
The above in the State		y submits this statement for the p	urpose o	f changing it	ts registered o	office or registered agent, or both,
SIGNATURE: ANGELES DE LA CRUZ				03/08/2006		
	Electro	onic Signature of Registered Age	ent			Date
Election Cam	ıpaign Financi	ing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	S BLANCHET, I 8013 RIDGE ORLANDO, F	WAY		Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	T (MIRA, SILVIA 8013 RIDGE ORLANDO, F	WAY		Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	GUILLAN, SII	ING RIVER DR		Title: Name: Address: City-St-Zip:	P (X FARKAS, RAYN 6629 MAGGIEV FUQUAY VARIN	WOOD LN.
Title: Name:	V (GUILLAN, DA	(X) Delete NIEL R		Title: Name:) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RAYMOND L FARKAS P 03/08/2006

8403 RAMBLING RIVER DR.

SANFORD, FL 32771

Address:

City-St-Zip: